This form may be completed online and mailed to the address in the Contact Information of the web pages

LICENSE APPLICATION For Child Care Centers or Preschools



For Office Use Only Date Application Received		☐ Provisional	☐ Operati	ng 🔲 Amendm	ent
Name of Facility:		Telephone Number:			
Street Address:	City:_		_County:		Zip Code:
Mailing Address:	City:_		_County:		Zip Code:
Type of License:Child Care Center		Preschool	Α	.ge Range:	to
Requested number of children to be licensed: Will children with special needs be served?					
Days of Operation: MondayTuesdayWednesdayThursdayFridaySaturdaySunday Hours of Operation:					
In accordance with the provisions of the articles of Nebraska Revised Statutes, sections 71-1908 through 71-1917, this application certifies that the applicant has received and is knowledgable of the standards, is willing to cooperate with the licensing agency, is willing to comply with statute and rules and is being truthful in the information provided. I understand that the Department of Health and Human Services Regulation and Licensure Licensing staff may take photographs of the areas of the facility designated for child care. I understand that designated Department of Health and Human Services Regulation and Licensure Licensing staff may release specific requested information from the licensing file to the public upon written or verbal request.					
Signature of Licensee and Title:				Date:	
Social Security Number/Federal I.D. Number:				Date of Birth:	
Names of Staff:	Job Title	Date of Birth	SSN	Hiring D	ate Work Schedule
Director:					
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